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CONFIRMATION NO. 4895

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/792,086	03/03/2004 RULE	604	3763	24379-0002-U1	
APPLICANTS Challen W. Waychoff II, Piedmont, OH; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** 05/21/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DIVA RANADE/</u> Examiner's signature	<input type="checkbox"/> Met after Allowance <input type="checkbox"/> Initials	STATE OR COUNTRY OH	SHEETS DRAWINGS 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
ADDRESS MCNEES WALLACE & NURICK LLC 100 PINE STREET P.O. BOX 1166 HARRISBURG, PA 17108-1166 UNITED STATES					
TITLE Colon hydrotherapy device					
FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		